

| | | | | | |
|---|---|--|---|---|--|
| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212514994 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Insight Meditation Community of Charlottesville</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DALE ABRAHAMSE 387 ROCKY HOLLOW RD CHARLOTTESVILLE, VA 22911</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: 06578207</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4382 Mechums School Hill</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p> | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHERYL T DUKE TITLE: PRESIDENT ADDRESS: 4382 MECHUMS SCHOOL HILL CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: CHERYL T DUKE TITLE: PRESIDENT ADDRESS: 4382 MECHUMS SCHOOL HILL CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHERYL T DUKE TITLE: PRESIDENT ADDRESS: 4382 MECHUMS SCHOOL HILL CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JEFFERY FRACHER TITLE: VICE PRESIDENT ADDRESS: 1405 FOXBROOK LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JEFFERY FRACHER TITLE: VICE PRESIDENT ADDRESS: 1405 FOXBROOK LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JEFFERY FRACHER TITLE: VICE PRESIDENT ADDRESS: 1405 FOXBROOK LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAN ZISK TITLE: SECRETARY ADDRESS: 2121 PINEY KNOLL LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DAN ZISK TITLE: SECRETARY ADDRESS: 2121 PINEY KNOLL LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAN ZISK TITLE: SECRETARY ADDRESS: 2121 PINEY KNOLL LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DAVID J MCMURCHIE TITLE: TREASURER ADDRESS: 810 BEVERLEY DR #304 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DAVID J MCMURCHIE TITLE: TREASURER ADDRESS: 810 BEVERLEY DR #304 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID J MCMURCHIE TITLE: TREASURER ADDRESS: 810 BEVERLEY DR #304 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SHARON BECKMAN-BRINDLEY TITLE: DIRECTOR ADDRESS: 619 LOCUST AVENUE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: SHARON BECKMAN-BRINDLEY TITLE: DIRECTOR ADDRESS: 619 LOCUST AVENUE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SHARON BECKMAN-BRINDLEY TITLE: DIRECTOR ADDRESS: 619 LOCUST AVENUE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LINDA CAPPACHIONE TITLE: DIRECTOR ADDRESS: 387 ROCKY HOLLOW RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: LINDA CAPPACHIONE TITLE: DIRECTOR ADDRESS: 387 ROCKY HOLLOW RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LINDA CAPPACHIONE TITLE: DIRECTOR ADDRESS: 387 ROCKY HOLLOW RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |

| | | | |
|--|---|---|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PAT COFFEE DIRECTOR 7958 BATESVILLE RD AFTON, VA 22920 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | HARRY HOISER DIRECTOR 768 RIDGEMONT DRIVE LOUISA, VA 23093 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEFAN JIRKA DIRECTOR 710-A RIDGE ST CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WILSON MCIVOR DIRECTOR 6127 LOUISA ROAD KESWICK, VA 22947 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TERESA MILLER DIRECTOR 1530 GRAY FOX TRAIL CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ALLIE RUDOLPH DIRECTOR 2230 LOCUST HOLLOW ROAD CHARLOTTESVILLE, VA 22903 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID F SILVER DIRECTOR 1530 GRAY FOX TRAIL CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KRISTINA WEAVER DIRECTOR 915 BELMONT AVE #3 CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Maggie MacInnis DIRECTOR 8 Winchat Lane Palmyra, VA 22936 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ DAVID J MCMURCHIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | DAVID J MCMURCHIE, TREASURER PRINTED NAME AND CORPORATE TITLE | |
| | | 4/24/2012 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |